| | - | Application or Docket Number | | | | | | | | | | | |
|---|--|--|--|-----------------------|------------|---|---------|---------------------|---------------|-------|-------------------------|---------------|--|
| | PATENT | RD 09/903208 | | | | | | | | | | | |
| | | | 099073 03 | | | | | | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | MALL E | NTITY | OTHER | THAN | | |
| _ | | | (Column 1) (Column 2) | | | | | TYPE | | | OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 29 | | | | Г | RATE FEE | | | RATE | FEE | |
| FOR | | | NUMBER FILED NUM | | | SER EXTRA | 8 | BASIC FEE 355.00 | | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | J9minus 20= | | | 7 | X\$ 9= | | 21 | OR | X\$18= | | |
| INC | DEPENDENT CL | AIMS | 5 minus 3 = 3 | | | | | X40= 20 | | | X80= | | |
| ML | ILTIPLE DEPEN | IDENT CLAIM PI | RESENT | | | | | +135= | 3 | OR | +270= | | |
| * If the difference in column 1 is lose than zero enter 10° in column 2 | | | | | | | | | | | | , p. š. ; | |
| | C | TOTAL 6/6 OR | | | | المسترجين م | | | | | | | |
| | | (Column 1) | MENDED - PART II (Column 2) (Column 3) | | | | | MALL | ENTUY | OR | OTHER THAN SMALL ENTITY | | |
| | | CLAIMS | | RIGH | EST | | Г | | ADDI- | | , | ADDI- | |
| F | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | DUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | FEE | |
| ENDMENT.A | Total | · 23 | Minus | **. | <u> </u> | | | X\$ 9= | PEE | OR | X\$18= | PEE | |
| ME | Independent | • .6 | Minus | ··· 5 | | - | | X40= | | ÓЯ | X82= | 88 | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 1 1 1 1 1 | | | | 80, | |
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| ; ; | • | (Column 1) | | (Column 2) (Column 3) | | | | | | | | | |
| 0 | | CLAIMS REMAINING | | HIGH | | PRESENT | | | ADDI- | | | ADDI- | |
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| | FIRST PRESE | NTATION OF MI | JUTIPLE DEP | ENDENT | CLAIM | نالــــــــــــــــــــــــــــــــــــ | 一 | 7 | | | | | |
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| ပ | | CLAIMS REMAINING | | HEOSH | | PRESENT | | | ADDI- | | | ADDI- | |
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| E E | Independent | • | Minus | *** | | = | | X40= | | | X80= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | ~~~ | <u> </u> | |
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| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | | |
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